

12-07-01 A

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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10/26/01
U.S. PTO

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> |
| 2. <input checked="" type="checkbox"/> | Applicant claims small entity status.
See 37 CFR 1.27. |
| 3. <input checked="" type="checkbox"/> | Specification [Total Pages 14]
<i>(preferred arrangement set forth below)</i>
<ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure |
| 4. <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113) [Total Sheets 5] |
| 5. Oath or Declaration | [Total Sheets 3] |
| a. <input checked="" type="checkbox"/> | Newly executed (original or copy) |
| b. <input type="checkbox"/> | Copy from a prior application (37 CFR 1.63 (d))
<i>(for continuation/divisional with Box 18 completed)</i> |
| i. <input type="checkbox"/> | DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |
| 6. <input type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 |

Attorney Docket No.	0236/US
First Inventor	Montague
Title	TELEPHONE ADAPTED FOR EMERGENCY DIALING BY TOUCH
Express Mail Label No.	EL392197494US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | |
|--|---|
| 7. <input type="checkbox"/> | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> | <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies |

- ACCOMPANYING APPLICATION PARTS**
- | | | |
|---|--|--|
| 9. <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> | 37 CFR 3.73(b) Statement
<i>(when there is an assignee)</i> | <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> | English Translation Document <i>(if applicable)</i> | |
| 12. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> | Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> | |
| 15. <input type="checkbox"/> | Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 16. <input type="checkbox"/> | Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input checked="" type="checkbox"/> | Other: Check 1023..... | |

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 30333
(Insert Customer Number or attach barcode label here) or Correspondence address below

Name	Francis J. Caufield				
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	PATENT TRADEMARK OFFICE				
City	Lexington	State	MA	Zip Code	02173
Country	US	Telephone	781 860 5254	Fax	781 862 9464

Name (Print/type)	Francis J. Caufield	Registration No. (Attorney/Agent)	27425
Signature		Date	October 26, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$446.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	WILLIAM A. MONTAGUE
Examiner Name	
Group Art Unit	
Attorney Docket No.	0236/US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-1150**Deposit Account Name **FRANCIS J. CAUFIELD** Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Applicant claims small entity status. See 37 CFR § 1.27

2. Payment Enclosed:

 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non - English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR § 1.17(q)	
126	180	126 180 Submission of Information Disclosure Statement	
581	40	581 40 Recording each patent assignment per property (times number of properties)	40.00
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	

Other fee (specify) _____

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims 24	-20** = 4 X 9.00 = 36.00	
Independent Claims 1	-3** = 0 X 0 = 0.00	
Multiple Dependent		

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **\$36.00**

**or number previously paid, if greater; For Reissues, see above

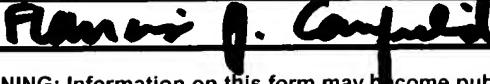
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	FRANCIS J. CAUFIELD	Registration No. (Attorney/Agent)	27,425	Telephone	781 860 5254
Signature			Date	October 26, 2001	

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